

FILED
U.S. DISTRICT COURT
MIDDLE DISTRICT OF TENN.

JAN - 6 2010

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IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF TENNESSEE
NASHVILLE DIVISION

Jerry Carroll,

Prison ID # 00168088

Prison ID # N/A

N/A,

Prison ID # N/A

Plaintiff(s)

[LIST THE NAMES OF ALL
PLAINTIFFS FILING THIS
LAWSUIT; DO NOT USE
"ET AL"]

vs.

Carroll County Sheriff's Dept.

Carroll County,

Rhonda Verger,

Defendant(s)

[LIST THE NAMES OF ALL
DEFENDANTS AGAINST
WHOM YOU ARE FILING
THIS LAWSUIT; DO NOT
USE "ET AL"]

RECEIVED

JAN - 6 2011

U.S. DISTRICT COURT
MIDDLE DISTRICT OF TENN.

CIVIL ACTION NO.: _____

IF YOU NEED MORE SPACE TO LIST OTHER PLAINTIFF AND/OR
DEFENDANTS, SO INDICATE AND ATTACH A SEPARATE SHEET OF PAPER.

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS
UNDER 42 U.S.C. § 1983

I. PREVIOUS LAWSUITS

- A. Have you or any of the other plaintiffs listed above filed any other lawsuits in the United States District Court for the Middle District of Tennessee and/or any other state or federal court?

Yes ✓ No

- B. If you answered YES to Question A, list the following information:
[If you have filed more than one lawsuit, list the additional lawsuits on another sheet of paper, using the same outline as below.]

1. Parties to previous lawsuit:

Plaintiffs: Jerry Carroll

Defendants: Corrections Corporations of America
Hardeman County Correctional Facility
STATE of Tennessee

2. In what Court did you file the previous lawsuit?

U.S. District Court (Western District) Jackson TN
(If Federal Court, name the District; if State Court, name the county.)

3. Case Number of the previous lawsuit: 1:10-CV-01185-JDT-egb

4. Name of the Judge to whom the case was assigned:

James D. Todd (Referred to Magistrate Judge Edward G. Bryant)

5. When did you file the previous lawsuit?

7-22-10 (Indicate the year if you do not know the exact month or day.)

6. What was the disposition or result of the previous lawsuit? (for example, was it dismissed, appealed, or still pending?)

Still Pending

7. When was the previous lawsuit decided by the Court?

N/A (Indicate the year if you do not know the exact month or day.)

8. Did the previous lawsuit involve the same facts or circumstances that you are alleging in the lawsuit you are now submitting?

Yes ✓ No

II. PLACE OF PLAINTIFF(S) CURRENT CONFINEMENT:

- A. Name the prison or jail in which you are currently incarcerated:

Lois M. Deberry Special Needs Facility

- B. Are the facts of your lawsuit related to your confinement in your present prison or jail?

Yes No ✓

- C. If you answered NO to Question B, list the name and address of the jail or prison to which the facts of your lawsuit relate:

Carroll Co. Jail 200 Norandke DR. Huntingdon TN 38344
mailing address 126 W. Paris St. Huntingdon TN 38344

- D. Do the facts of your lawsuit relate to your confinement in a Tennessee State prison?

Yes No ✓

- E. If you answered YES to Question D, did you present these facts to the prison authorities through the state prisoner grievance procedure?

Yes No ✓

- F. If you answered YES to Question E:

1. What steps did you take: Presented facts to Jail Administrator Rhonda Verner
2. What was the result: Denied Medical treatment by Mrs. Verner and the Carroll County Sheriff's Dept.

- G. If you answered NO to Question E, explain why not:

There is currently no grievance procedure at that institution

III. PARTIES TO THIS LAWSUIT

A. Plaintiff(s) bringing this lawsuit:

1. Name of First Plaintiff: Jerry D. Carroll
Prison ID Number of First Plaintiff: 00148088
Address of First Plaintiff: 7575 Cockerill Bend Blvd.
Nashville, TN 37209
(Include name of institution and mailing address)
2. Name of Second Plaintiff: N/A
Prison ID Number of Second Plaintiff: N/A
Address of Second Plaintiff: N/A
N/A
(Include name of institution and mailing address)
3. Name of Third Plaintiff: N/A
Prison ID Number of Third Plaintiff: N/A
Address of Third Plaintiff: N/A
N/A
(Include name of institution and mailing address)

IF THERE ARE MORE THAN THREE PLAINTIFF, LIST THEIR NAMES, PRISON IDENTIFICATION NUMBERS AND ADDRESSES BELOW OR ON AN ATTACHED SHEET OF PAPER.

B. Defendants Against Whom You Are Filing This Lawsuit:

1. Name of First Defendant: Carroll Co. Jail

Place of Employment of First Defendant: Huntingdon TN
Carroll County

Address of First Defendant: 200 Norandle Dr.
40 Carroll County Sheriff's Dept. 126 W. Paris St. Huntingdon, TN. 38344

2. Name of Second Defendant: Rhonda Verner

Place of Employment of Second Defendant: Carroll County Jail
200 Norandle Dr. Huntingdon, TN. 38344

Address of Second Defendant: 126 W. Paris St. Huntingdon
TN. 38344

3. Name of Third Defendant: Carroll County Sheriff's Dept.

Place of Employment of Third Defendant: Carroll County TN.

Carroll County Sheriff's Dept.
Address of Third Defendant: 126 W. Paris St.
Huntingdon, TN. 38344

Named in official capacity? ☒ YES ☐ NO
Named in individual capacity? ☒ YES ☐ NO

IF YOU ARE BRINGING THIS LAWSUIT AGAINST MORE THAN THREE DEFENDANTS, YOU MUST LIST EACH DEFENDANT'S NAME, PLACE OF EMPLOYMENT, AND ADDRESS BELOW OR ON AN ATTACHED SHEET OF PAPER.

IF YOU DO NOT LIST EACH DEFENDANT'S NAME, ANY SUCH DEFENDANT WILL NOT BE INCLUDED IN YOUR LAWSUIT; IF YOU DO NOT LIST EACH DEFENDANT'S NAME, PLACE OF EMPLOYMENT AND ADDRESS, THE CLERK WILL NOT BE ABLE TO SERVE ANY SUCH DEFENDANT.

IV. STATEMENT OF YOUR CLAIM

State as briefly as possible the facts of your case. Recite the dates when any incidents or events occurred, and the places where such incidents or events took place. Describe how each defendant is involved. Also include the names of other persons involved and the dates and places of their involvement.

If you set forth more than one claim, number each claim separately and set each claim forth in a separate paragraph:

I was incarcerated in Carroll County Jail
on 10-08-08 and was transported to the
Tennessee Department of corrections on 3/03/09
I was transported to Baptist Memorial Hospital
(R.B. Wilson Medical Center) for seizure activity
after this one visit, chief Jailor Rhonda Verner
(Administrator) denied me further medical attention, stating
I was faking my condition, I wrote a letter
to Tennessee Department of corrections in
Nashville, TN. to make them aware of this situation
and was transported on 3/03/09 to the Henning
TN. classification unit, Rhonda Verner along
with the Carroll County Sheriff's Department in
Huntingdon, TN. denied me medical treatment
during the period of 10/08/08 to 3/03/09
causing me to suffer from my heart condition
along with severe headaches caused by chronic hydrocephalus
Excess fluid on my brain

IF YOU NEED ADDITIONAL SPACE, ATTACH A SEPARATE SHEETS OF PAPER

V. RELIEF REQUESTED: List what you want the Court to do; list what relief you seek against each defendant:

- A. Award plaintiff compensation in the amount
- B. of \$2,000,000 for pain and suffering and
- C. violating my constitutional rights of
- D. proper healthcare. I have been in continuous
- E. confinement since 10/08/08 and currently are now

I (we) hereby certify under penalty of perjury that the above complaint is true to the best of my (our) information, knowledge and belief.

Signed this 23 day of December, 2010.

Signature: Jerry Carroll

Prison ID Number: 00168088

Address: 7575 Cockerill Bend Blvd.
Nashville, TN. 37209
(Include city, state and zip code)

Signature: N/A

Prison ID Number: N/A

Address: N/A

N/A
(Include city, state and zip code)

Signature: N/A

Prison ID Number: N/A

Address: N/A

N/A
(Include city, state and zip code)

ALL PLAINTIFFS MUST SIGN THE COMPLAINT. If there are more than three plaintiffs, attach additional signatures with prison identification numbers and addresses.